FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:23

DOCUMENT # **F64602** **(8)**

1. Corporation Name
THE CARD AND GIFT GALLERY, INC.

Principal Place of Business	Mailing Address
% LOUIS ADJAN ~~7640 GATE CIRCLE~~ SPRING HILL FL	% LOUIS ADJAN ~~7640 GATE CIRCLE~~ SPRING HILL FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2189866	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1397 KASS CIRCLE	26 1397 KASS CIRCLE
Suite, Apt. #, etc. 22 SUITE 107	Suite, Apt. #, etc. 27 SUITE 107
City & State 23 SPRING HILL	City & State 28 SPRING HILL FL
Zip 24 34606-4310 Country 25 USA	Zip 29 34606-4310 Country 30 USA

9. Name and Address of Current Registered Agent

ADJAN, LOUIS
~~7640 GATE CIRCLE~~
SPRING HILL FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1397 KASS CIRCLE

83 SUITE 107

84 City: SPRING HILL FL 85 Zip Code: 34606-4310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☒ Change ☐ Addition
NAME	ADJAN, IRENE E	12 NAME	
STREET ADDRESS	~~7640 GATE CIRCLE~~	13 STREET ADDRESS	1397 KASS CIRCLE STE 107
CITY-ST-ZIP	SPRING HILL FL	14 CITY-ST-ZIP	SPRING HILL FL 34606-4310
TITLE	DP	21 TITLE	☒ Change ☐ Addition
NAME	ADJAN, LOUIS	22 NAME	
STREET ADDRESS	~~7640 GATE CIRCLE~~	23 STREET ADDRESS	1397 KASS CIRCLE STE 107
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	SPRING HILL FL 34606-4310
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	O'BROCTO, BARBARA	32 NAME	
STREET ADDRESS	7373 SPRING HILL DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: ✓ _____ 3/30/95 1-904 6960957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344418 CP